

<p>Report for: ACTION/INFORMATION</p> <p>Item Number:</p>

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Purpose of Report:

The Report on Looked After Children’s health is an annual report provided by the Designated Doctor for Looked after Children. It sets out the priority issues and statutory targets for the cohort and provides an overview of the years strategic plan.

1. Recommendations

- 1.1 The report is to provide Corporate Parent Committee with an update on the health of Looked After Children for 18/19. The committee is invited to consider the contents and ask questions of Officers and the Designated Doctor for Looked After Children.

2. Reason for Decision and Options Considered

N/A

3. Key Implications

**ANNUAL REPORT 2018-2019
EALING CHILDREN LOOKED AFTER**

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1. Executive Summary

This is Ealing Clinical Commissioning Groups (CCG) fourth Annual Children Looked After (CLA) report, written by the Designated Doctor for CLA. The post of Designated Nurse for CLA became filled at the end of March 2019, having been vacant since March 2018.

The report covers the period from 1 April 2018 to 31 March 2019.

The CLA Annual Report forms part of Ealing CCGs assurance arrangements, in relation to Children Looked After and wider Safeguarding Children arrangements.

The CCG can be assured that the statutory arrangements are in place for the Ealing CLA population.

The Care Quality Commission (CQC) conducted a Children's Looked After and Safeguarding Review (CLAS)¹ between 12th -16th March 2018. The Review report was subsequently published during the financial year. In January 2019 Ealing took part in a Joint Local Area Special Educational Needs and Disability (SEND) review, the findings and recommendations relating to CLA in both these reviews have been included in this report.

This report identifies the extent to which the CCG can be assured that the organisation and the commissioned health services for CLA are effectively discharging their safeguarding functions for this cohort of the population, working in partnership with Ealing Local Authority.

During the financial year Ealing CCG recommissioned community services, including the CLA Health provider Service. Ealing designated professionals supported this process.

The report highlights areas where improvements are required, to better ensure that Ealing has effective systems in place to safeguard and promote the welfare of the CLA population and maintain oversight of the health of the Ealing CLA population.

2. Introduction

The term 'Children Looked After' and 'Looked After children (LAC)' are used synonymously in legislation and national guidance documents. Across North West London the term CLA is becoming the preferred term and therefore will be used throughout this report other than when referencing official documents or other organisations data. The term CLA includes all Young People (YP) under the age of 18 years. The term YP, is in general used for older children, most frequently teenagers, up to the day before their eighteenth birthday. The term 'Ealing CLA' refers to the children 'Looked After' by Ealing Local Authority, with Ealing CCG being the Responsible Commissioner², rather than including children physically placed within Ealing by other Local Authorities (LA), unless otherwise stated.

This report has been written to outline the delivery of health services to Ealing's CLA during the financial year 2018/19.

The report sets out the legal definitions of CLA and summarises CLA's health needs and increased vulnerabilities from a national perspective. The report sets out Ealing Clinical

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https://www.cqc.org.uk/sites/default/files/20180613_clas_ealing_final_report.pdf

2 Who Pays? Determining responsibility for payments to providers – NHS England- August 2013 <https://www.england.nhs.uk/wp-content/uploads/2014/05/who-pays.pdf>

Commissioning Group's statutory duties towards this cohort of children, detailed in *Promoting the Health and Wellbeing of Looked After Children (DoH 2015)*.

This report describes the key roles and responsibilities of the three main partners³ involved in achieving healthy outcomes for CLA in Ealing and wider health landscape of CLA health services within the borough.

The report uses key Local Authority data viewed through a health perspective to draw out local relevance to health commissioners and analyses the performance of the CLA health service commissioned by Ealing CCG.

Finally looking forward to 2019-20 the report closes with a review of planned future work by the CLA Designated Professionals and an outline of possible future commissioning intentions of Ealing CCG with respect to these children.

3. Statutory Framework

3.1 Definition of Children Looked After

A child is legally defined as 'Looked After' by a local authority if he or she:

- is accommodated by the local authority for a continuous period of more than 24 hours
- is subject to a Care Order (to put the child into the care of the local authority)
- is subject to a Placement Order (child placed for adoption)⁴

A CLA might be living with foster parents, at home with their parents under the supervision of the Local Authority, in a residential children's home or other residential settings like schools or secure unit. CLA might have been placed in care voluntarily by parents, or more commonly, the LA may have intervened because a child was at significant risk of harm⁵.

CLA are, by legal definition, under 18 years of age.

The CLA population who live within the borough of Ealing are a mix between those who originate from Ealing and are under the care of Ealing Local Authority (LA) and those who are under the care of other LAs, but placed in Ealing. All CLA living in Ealing have the right to use universal health services including those commissioned by Ealing CCG. Ealing CLA can also be placed outside the Ealing Borough area. Ealing CCG retains the statutory responsibility to ensure that Ealing CLA, whether placed in or out of Borough have their health needs met.

3.2 Health Needs of Children Looked After

CLA are amongst the most vulnerable groups in society⁶. It is well recognised that children often come into care with poorer physical and mental health than their peers, and that longer term outcomes are also worse for them. When considered as a group, CLA are likely to struggle with their behaviour and emotional needs⁷. They also are more likely than others their age to bed-wet, have coordination difficulties and problems with their sight, speech and language.

³ Ealing Local Authority, Ealing Clinical Commissioning Group and the LAC Health Provider

⁴ Children Act 1989

⁵ Office for National Statistics, 2011 Census data

⁶ RCGP - <http://www.rcpch.ac.uk/child-health/standards-care/child-protection/looked-after-children/looked-after-children> : & RCPCH Child Protection Companion

⁷ NICE guidance on Looked After Children – June 2014

In the year after leaving care, young people are almost twice as likely to have problems with drugs or alcohol and also to report mental health problems during this time⁸.

Most children become looked after as a result of abuse and neglect⁹. This is true across England and Wales and within the Borough of Ealing. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences. For example, almost half of children in care have a diagnosable mental health disorder¹⁰ (including conduct disorder¹¹) and two-thirds have special educational needs.

Delays in identifying and meeting their emotional well-being and mental health needs can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults.

It is of upmost importance that Ealing's health commissioners are aware of the additional health needs of LAC; so that they can continue to close the gap between CLA and their peer's health and wellbeing outcomes by the services they commission.

3.3 National Guidance

“Promoting the health and well-being of looked-after children”: Is the Statutory guidance document for a range of organisations, including Local Authorities, Clinical Commissioning Groups and for NHS England”: It was published by the Department for Education (DfE) and Department for Health (DoH) in March 2015.

This statutory guidance applies to England only. However when children are placed outside England, e.g. Wales, additional cross-border regulations and arrangements also exist; that English CCGs, LAs and others are required to comply with and support.

The guidance provides information on the joint responsibilities for those planning and commissioning services for CLA. It further outlines the roles of professionals, such as the Designated Doctor for Children Looked after (DDCLA) and Designated Nurse for Children Looked After (DNCLA), social workers, teachers and independent reviewing officers. In addition, it provides guidance on how services should be planned and provided.

It aims to ensure CLA have access to any physical or mental health care they may need.

Statutory guidance is issued by law and must be followed unless there are exceptional and justifiable reasons to depart from the guidance.

The 2015 revision replaced the statutory guidance on ‘Promoting the health and wellbeing of looked-after children’ issued in 2009.

4. Partners in achieving Healthy Outcomes – Every Child Matters

‘Children and young people learn and thrive when they are healthy, safeguarded and engaged’¹²

⁸ Dixon, J. (2008) Young people leaving care: health, well-being and outcomes, *Child and Family Social Work* 13, 207-217 as quoted in *Statutory Guidance on Promoting the Health and Well-being of Looked After Children* (2009), Department of Health and Department for School, Children and Families

⁹ NPSCC. Children in care. Statistics. Accessed 25 March 2015

¹⁰ House of Commons Education Committee Mental health and well-being of looked-after children Fourth Report of Session 2015–16

11 <https://cks.nice.org.uk/conduct-disorders-in-children-and-young-people#!topicsummary>

12 www.everychildmatters.gov.uk

In order to achieve all the five interdependent 'Every Child Matters' outcomes for children and young people¹³ (under pinning the Children Act 2004) agencies must work together.

Care Quality Commission Children Looked After and Safeguarding Review 2018

The review took place during the last financial year (12th -16th March 2018) The subsequent report, published in June 2018, was positive about the CCG commissioned health services provided for Ealing's CLA. It found 'effective processes in place to meet the health needs of Looked After Children in Ealing through services provided'. The report acknowledged examples of collaborative cross-agency working, support for Care Leavers, 'holistic health service provided to Unaccompanied Asylum Seeking Children (UASC)' and 'established processes to support a consistent standard of care for Ealing children placed out of borough'¹⁴. The report contained two recommendations for the Ealing CLA Provider service which were highlighted within last year's annual report and informed several the 2018-19 Designated Professionals Priorities¹⁵. During the financial year the Designated Doctor gained assurance from the Lead Nurse that Ealing's Health Provider staff used a recognised tool to explore risk of Child Sexual Exploitation (CSE) risk in vulnerable adolescents and worked together with the service to set up a bi-annual quality audit of health assessments.

The CQC Review followed the 2016 OFSTED inspection of Local Authority services for children in need of help and protection; children looked after and care leavers and a review of the Local Safeguarding Children Board. With the Ofsted report rating children's services in Ealing as good and corporate parenting and the support Ealing's care leavers receive as outstanding¹⁶.

The 2016 report specifically commented that 'the needs of children looked after are well met for those children living in or outside of the borough' and the 'psychology service for children looked after has a real impact on improving children's emotional well-being'.

Joint local area SEND inspection in Ealing 2018

Between 21 January 2019 and 25 January 2019, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Ealing to judge the effectiveness of the area in implementing the disability and special educational needs (SEN) reforms as set out in the Children and Families Act 2014.

The inspection found overall, that leaders were 'taking effective action and have demonstrated that they have the capacity to continue to make improvement'. The inspectors interviewed the Lead Nurse for CLA Provider Service, the Consultant Paediatrician for Ealing Service Children Additional Needs (ESCAN) and Ealing's Designated Doctor for CLA and concluded that 'Children looked after with SEND benefit from comprehensive initial and review health assessments' and that 'health practitioners (could) identify children looked after with SEND in their caseloads'.

¹³ Every Child Matters (2003) main aims are for every child, whatever their background or circumstances, to have the support they need to: stay safe, be healthy, enjoy and achieve, make a positive, contribution, achieve economic well-being

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https://www.cqc.org.uk/sites/default/files/20180613_clas_ealing_final_report.pdf

¹⁵ The recommendations were for LAC nurses to use a local or national Child Sexual Exploitation (CSE) tool to support exploration of CSE where indicated and where health issues are identified during assessments to fully explore the impact of these issues on the child and establish if additional support might be required. Also Some records seen within the Looked After Children service demonstrated that, where issues were identified, they were not always explored further to measure any impact or if additional support might be required.

¹⁶ <https://reports.ofsted.gov.uk/provider/44/80493>

4.1 Ealing Designated CLA Professionals

Under the Children Act 1989, CCGs and NHS England have a duty to comply with requests from a Local Authority to help them provide support and services to Children Looked After.

Under Responsible Commissioner Guidance¹⁷ Ealing CCG has a statutory responsibility to support Ealing Local Authority to ensure that Ealing CLA's health needs are met irrespective of where the child is placed.

Statutory guidance states the Designated roles are intended to be strategic and separate from any responsibilities for individual CLA¹⁸. The 'Working Together to Safeguard Children' document (2015) states that CCGs should make provisions for the employment of Designated CLA professionals. NHS England's Accountability and Assurance Framework¹⁹ also supports this stance and recognises that the roles are 'pivotal to strategic planning, quality assurance and

performance monitoring'. The Designated CLA posts in Ealing are strategic roles, the main remits of which are to encourage innovation and influence change, lead on service design and delivery, work closely with commissioners and challenge partners and agencies across the health and social care spectrum while **bringing** about positive outcomes for the Children Looked After population in Ealing.

Ealing has had a Designated Doctor (0.2 WTE) employed (directly by the CCG) throughout the financial year; and successfully recruited a Designated Nurse (0.4 WTE) who commenced her role mid-way through March 2019. The DNCLA post was unfilled for the preceding 12 months.

Throughout this reporting period the DD worked to monitor services and to quality assure systems and processes, to ensure continuity of health care for in and out of borough placed children. The DD actively contributed to the North West London CLA Designates working group and also attended a North West London peer support group.

The 2018 CQC Review of Health Services for Children Looked After and Safeguarding in Ealing recognised the collaborative work Ealing's Designated Professionals undertook with health and LA partners. The report gives an example of joint strategic work to improve the health of CLA through the Ealing LAC Wellbeing Project (further details given in section 4.3.2.1) and the joint project between Ealing CCG, LNWHUHT, and Ealing LA to produce the Health Handbook for Foster Carers published during the year. The review found a 'strong collaborative approach to audit from the Looked After Children service provider and the Designated Doctor in Ealing'²⁰.

¹⁷ Who Pays? - Determining responsibility for payments to providers. Rules and guidance for commissioners, September 2013

¹⁸ Promoting the Health and Wellbeing of Looked-After Children Department of Health March 2015 ¹⁹ Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework June 2015 ²⁰ https://www.cqc.org.uk/sites/default/files/20180613_clas_ealing_final_report.pdf

4.2 Health Services

4.2.1 Provider Service

Ealing CCG, in conjunction with the Local Authority, commissions CLA Health Services, provided by London North West University Health Care Trust (LNWHUHT). During the financial year, the Designated CLA and Safeguarding professionals in Ealing worked alongside commissioners to update community paediatric Service Specifications during the recommissioning of Ealing's Community Contract. The new providers, a collaboration between West London Health Services (WLHS) and Central North West London (CNWL) will take over the provision of community paediatric services (including CLA Health Service) in July 2019. The provider 'CLA Health Team' sits within Ealing Services for Children with Additional Needs (ESCAN) and is based in Carmelita House. The ESCAN service integrates and co-locates professionals from Education, the Children with Disabilities Team in

Social Care and community paediatric and nursing services. Co-location of this range of services enables greater communication and coordination of services to children optimising conditions for multi-agency working. This specifically benefits the CLA population who also have a disability or neurodevelopmental disorder.

A core contractual requirement and remit of the CLA Health Team is timely completion of statutory health assessments.

CLA Health Assessments aim to identify health issues and include the formulation of a Health Action Plan (HAP). The HAP informs health, education and local authority partners of how best to optimise and support the potential of each child and young person. Monitoring of the HAP, by the CLA Health Team and the LA, as part of the wider CLA Review process; helps to ensure the provision of a coordinated package of health care, to meet the needs of each individual child.

The CLA Health team comprises both doctors and two nurses. The specialist nurses work solely within the field of Children Looked After. The medical component is drawn from the community paediatric team, both consultant and training grade levels. In addition to the individual case management, the paediatric team functions as Medical Advisor to the Adoption and Permanence Panel. The doctors also receive assessments completed for those children who have been placed outside the borough, quality assure them in accordance with the Rainbow guidance²¹ and complete the Part Cs of all health reports.

There is close communication between the CCG Designated Professionals and LNWUH to ensure business continuity and to provide early warning to any challenges to this.

Throughout the year the DD CLA attended monthly multiagency Health Panels (chaired by the LA) and attended by the Health Provider which facilitates good communication and joint working; examples of this include the joint quality of health assessment audit cycle and assurance work following the recommendations of the 2018 CLAS review.

4.2.2 Health Provision

4.2.2.1 Child and Adolescence Mental Health Service – CLA Focus

Within the Borough of Ealing CAMHS at 'level or tier' two and three is provided by West London Mental Health Trust (WLMHT). The service is divided into three levels of provision define by the individual client or patient need.

²¹ Rainbow Guidance is a LNWH internally produced quality guidance tool for IHAs and RHAs

CAMHS Tier 2 – Children Looked after Psychology Service

This service is commissioned by the Local Authority, providing indirect support to Ealing's CLA and Care Leavers (up to the age of 25) through their work with foster carers, prospective adoptive parents, social workers and teachers. The team is made up of clinical psychologists, trainee clinical psychologists and assistant psychologists and is based within Ealing's Children and Families Services. The aim of the service is to strengthen positive family functioning by supporting the development of relationships between the child or young person and their carers. The 2016 OFSTED report found the service made 'real impact on improving children's emotional well-being' and 'most children live in stable, well-supported placements'.

CAMHS Tier 3

Tier 3 CAMHS locally is commissioned by Ealing CCG and works with children and families where the presenting symptom, at the point of referral, falls into a diagnosable mental health problem or category, requiring a multi-disciplinary response. Examples include: chronic or severe depression, significant anxiety, obsessive compulsive disorder (OCD) and eating disorders.

Information regarding waiting times and CLA involvement with CAMHS tier 3 services was submitted, by the provider, during the 2016 OFSTED inspection. Inspectors made an observation, including from the review case tracking that 'waiting times for access to child and adolescent mental health services in the borough are good, at between six and eight week's maximum'.

During the year the Designated Doctor worked with the joint CAMHS and adult mental health commissioners to ensure that CLA and Care leaver status was added to the borough's referral forms for the single point of access referral forms for CAMHS and adult mental health services. Further work was conducted to facilitate a stronger working relationship between the Primary Care Mental Health Team and the Psychologist working in Ealing's Leaving Care Team.

CAMHS Tier 4

Tier 4 CAMHS are commissioned from a range of providers. Tier 4 services; essentially consist of inpatient beds for children and young people with a psychiatric disorder (which may include serious self-harming behaviours). There is a recognised national shortage of Tier 4 CAMHS provision. There is a highly specialised multi-disciplinary assessment and treatment Tier 4 facility located within the borough of Ealing; the Wells Unit, a ten-bed male inpatient unit for young males between 12 and 18 years, which is part of the national secure forensic mental health service provision, commissioned by NHS England. When Ealing CLA children are admitted to a tier 4 facility, CAMHS maintain engagement with the child as part of the Care Programme Approach (CPA). This provides continuity back into local Tier 3 CAMHS at the point of discharge from in-patient mental health services.

4.2.2.2 Primary Care

Primary Care Health Professionals, as a universal health service, remain at the forefront of delivery and support of health care for CLA. The child or young person's complete health record is held within Primary care, as well, in many cases, records or information relating to their birth families. It is important that professionals in Primary Care are aware of the increased health needs and vulnerabilities of CLA and Care Leavers.

As in previous years, there continues to be close collaboration between Ealing CCG CLA and Safeguarding teams to increase the profile of the CLA population amongst Primary Care Professionals through Level 3 Safeguarding training. During this training (available free of charge to all clinical staff working in Primary Care) professionals are supplied with a Primary Care CLA information pack (developed collaboratively in 2016 by Ealing's DD CLA and LNWUH provider service). The guidance pack outlines the increased vulnerabilities and health needs of CLA in general, gives targeted information on how staff can support the delivery of the Health Action Plan and if requested to do so, details how to conduct a CLA Health Assessment.

The GP CLA information pack was positively commented upon in the 2018 CQC review. The review recognised that when Out Of Borough (OOB) GPs were asked to complete a child's RHA the LA included the CLA Information pack within the documents it sends to the professional to support the professional conducting the review.

During the year, the DD CLA continued to support and advise the LA when commissioning OOB General Practitioners to conduct OOB health assessments. Supportive material outlines the expected safeguarding qualifications of the professional conducting the review as well as the approximate length of time the assessment should take.

The 2018 CQC review²² included a number of recommendations for GPs when providing services for children - including those Looked After. The CQC recommended that Ealing CCG should ensure that:

- GPs use recognised screening tools to assist the safeguarding process where vulnerability is identified
- GPs record the details of accompanying adults when children attend a consultation
- GP practices manage the use of alerts on electronic patient records to provide consistency in the way that those records are managed
- The DD CLA worked with the wider CCG Safeguarding team over the year to encourage GPs to implement the CQC recommendations.

4.2.2.3 Other Health Services

Children Looked After placed both in and out of borough may have medical conditions that require involvement and follow-up by various specialists. Statutory guidance states that CLA should not be 'disadvantaged because of placement move or being placed OOB'. However, it is nationally recognised that children placed at distance from their originating LA may experience increased

health inequality²³. In response to this Ealing LA, through their Brighter Futures programme and wider CLA quality work; have been moving to bring more Ealing CLA back into borough placements, or nearer to the borough, thus reducing this potential inequality. In addition, Ealing's Designated Professionals worked collaboratively with Ealing Local Authority and Ealing's CLA Health Care Provider during this reporting period ensuring that if a concern was raised regarding access to specialist service, the child's health needs and service requirements were identified and where clinically appropriate addressed through additional service provision.

²² Review of Health services for Children Looked After and Safeguarding in Ealing CQC 2018

²³ <https://www.gov.uk/government/publications/looked-after-children-living-away-from-their-home-area-from-a-distance>

Sexual Health Clinics

There are a number of specific young people contraceptive clinics²⁴ are run by LNWUH located within the Ealing area including at Mattock Lane Health Centre and Grand Union Village Health Centre. Chlamydia screening is also offered in these settings. Specialist sexual health assessments and consultations are also provided by the genitourinary medical (GUM) clinics, which are held at Ealing Hospital. Information regarding GUM clinics, basic safety advice regarding sexual activity and contraceptive advice is also provided at the CLA health assessments by the CLA nurses.

Substance Misuse Services

The 2016 OFSTED inspection found 'whether they live in the borough or elsewhere, children looked after who misuse substances receive appropriate help and support' interventions ranged from 'targeted advice to a treatment programme'

The local specialist support service for young people in Ealing using non-prescribed drugs and/or alcohol is through the CRI EASY Project, which is made up of a team of experienced drug and alcohol workers. They work in multiagency partnership with other services such as sexual health, housing, life skills, education and employment to help with other aspects of a young person's life. Referrals can be received from health professionals and social workers. During the financial year the Designated Doctor worked with the Leaving Care team and Ealing's substance misuse team to foster stronger, more informed working relationships, and gained agreement from the borough's substance misuse service to enquire about their service users looked after or care leaving status when first assessed.

Smoking Cessation

The status of tobacco use is queried for all CLA aged 10 years and above during health assessments. Nationally two thirds of children in care smoke, far higher than the average²⁵. Smoking cessation programmes can be accessed via the CLA's GP Practice. During the financial year smoking cessation services could also be accessed via the One You Ealing service until the end of March 2019 when this service contract came to an end.

In Ealing, the CLA Nurses aim to facilitate this healthy promotion initiative by participating in training as well as conducting a campaign through Horizons Education and Achievement Centre.

4.3 Local Authority: Corporate Parent

If a child becomes Looked After in Ealing, Ealing Local Authority becomes responsible for their safety and welfare. This statutory responsibility includes ‘the promotion of physical, emotional and mental health and acting on any early signs of health issues’. This ‘Corporate Parenting’ responsibility is independent of whether the child resides locally or outside the borough. OFSTED (2016) found Ealing’s corporate parenting to be ‘outstanding, showing real passion, ambition and creativity to ensure that children reach their full potential’

The ‘Corporate Parenting’ responsibility in many ways can be said to mirror the structure and workings of a ‘normal’/non CLA family. In that the LA (acting as Corporate Parent) draws on the educational and medical resources within the child’s community to ensure that the child they are ‘looking after’ receive the services they need at the right time to have the best life chances possible. The Local Authority, from time to time may ‘buy in’ or commission, directly or indirectly, extra services if services to meet an individual child’s needs are not available as part of the standard or universal provision.

Those with Parental Responsibility have responsibilities for their child²⁴, including protecting and maintaining the child, providing for their education and enabling access to health care. The ‘corporate parent’ needs to work with a range services to review, question and seek confirmation about a CLA’s medical/health and educational provision, safety and wellbeing, to ensure they are fulfilling their responsibilities for children in their care.

²⁴ Sexual health provision is commissioned by Ealing LA. An example of cross agency commissioning arrangements for health services

²⁵

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/664995/SFR50_2017-Children_looked_after_in_England.pdf

4.3.1 Borough arrangements

As part of their contractual arrangement, LNWUH makes arrangements for health assessments for Ealing CLA placed outside the borough. Until the end of 2018 this was done via a Service Level Agreement (SLA) for each individual provider from whom CLA health assessments are arranged. At the end of the year, following guidance from NHS England the arrangements were altered to a national currency and tariff system for arranging and funding Statutory Health assessments children placed out of area as mandated by Monitor and NHS England (using the 2017/19 National Tariff Payment System). The local CLA health team quality assures all OOB health assessments.

In accordance with national commissioning guidance, Ealing CCG receives and pays for submitted invoices for those CLA and Young People who are accessing

health services (apart from Primary and Accident and Emergency care) while being placed out of area.

In Ealing, there is a robust payment pathway (involving non-commissioned activity commissioners and the Local Authority) for processing and quality assuring invoices for OOB placed children.

4.3.2 Horizons Education and Achievement Centre

The centre offers young people in care and those who have recently left care a 'safe space' where they can share experiences, seek information, help and advice to plan and prepare for independent living. The centre also promotes inclusion through programmes of social education, personal development, and recreational activities in an informal and relaxed environment. OFSTED found the centre to be 'excellent at helping children to succeed in education, and to develop skills and interests. Young people help and support each other. They make friends, feel safe and have fun'.

The CLA Health team hold regular outreach sessions at Horizons. They are available to give health advice and relevant sign posting advice to CLA and Care Leavers.

4.3.2.1 Healthy choices - voice of the child

Building on work from the previous year (promoting healthy eating and exercise via the Health Handbook for Foster Carers) the DD continued to work with the CLA Health Providers, the LA and Public Health to raise awareness of the importance of healthy eating and lifestyle measures. The multiagency group met with CLA and young Care Leavers to explore ways in which Children and their Foster Carers could adopt healthier lifestyles. The work culminated in a funding bid written in collaboration with the Children and Care Counsel to take part in the 'Childhood Obesity Trailblazer Programme' supported by the Department of Health and Social Care, Public Health England and Local Government Association.

Unfortunately, Ealing was not successful in securing funding, however the joint working, enthusiasm of the children and young people involved has been taken forward by Ealing's Public Health team – in the form of a referral resource for Professionals for children found to be overweight in the borough.

²⁶

<https://www.gov.uk/parental-rights-responsibilities/what-is-parental-responsibility>

4.4 Education

In Ealing, the post of virtual school head teacher (VSH) for Ealing Children Looked After and care leavers, leads a team of 5 teachers who oversee educational aspects of the Ealing CLA population, from Early Years to post 16 (including University and post graduate students).

The team also includes a Senior Educational Psychologist (EP). In addition, the team employs a Lead Mentor (LM) recruited from the care leaver population, usually a University graduate. In 2017-2018, the peer mentoring programme My Education (ME) led by the LM, was reviewed and developed into monthly panels in line with the Junior Council (Year 6 children) meetings. As part of this change, the LM was able to offer outreach mentoring to local Ealing schools that included themes of friendships, peer pressure, and bullying. A further development being considered is outreach peer mentoring via video link.

Since September 2018, the VSH and schools through their LAC Designated Teachers (LAC DTs) have an additional statutory responsibility for promoting the educational attainment of previously looked-after children (PLAC), children who have been adopted from care, are on special guardianship orders (SGO) or child arrangement orders. The VSH is required to provide advice and information to parents, social workers and other professionals on educational matters.

The virtual school is accountable to the LA reporting into Children and Families Services, Ealing Council Corporate Parent Committee and is externally reviewed as part of Ofsted inspections.

The virtual school focuses on raising attainment and narrowing the gap in attainment between Ealing CLA and their peers. The teamwork with schools both in and out of borough and provide educational advice, information and support to social workers and schools.

They also collaborate with Ealing's Child and Adolescent Mental Health (CAMH) and Special Educational Need (SEN) teams working in and out of borough.

On a national level CLA do less well than their peers in educational terms. Care leavers are less likely to have achieved five A*-C GCSEs.

Ealing has the highest national levels of CLA going on to higher education (17%, 2018 compared to national figure of just 6%, 2017) and although in 2017-2018, there was a dip in outcomes at Key Stage 2, Ealing CLA out performed London and national averages at Key Stage 4 (progress and performance at GCSE level)²⁷ and continue to be a leading authority in university achievement. In 2017-18, two care leavers achieving first class honours degrees. Young people in Education, Training and Employment (ETE) is consistently higher than national averages (This finding is of relevance to health commissioners as there is a well-recognised positive link between education and positive health outcomes²⁸ .

The statutory guidance recognises the higher prevalence of special educational needs (SEN) and mental health needs of CLA and care leavers and the responsibility of schools and the virtual school to ensure SEND needs are identified early.

²⁷ Outcomes for looked after children Statistical first release Version “B” Academic year 2017 / 2018
²⁸ ‘education-health gradient’

The educational and medical resources within the child’s community to ensure that the child they are ‘looking after’ receive the services they need at the right time to have the best life chances possible. The Local Authority, from time to time may ‘buy in’ or commission, directly or indirectly, extra services if services to meet an individual child’s needs are not available as part of the standard or universal provision.

Those with Parental Responsibility have responsibilities for their child²⁶, including protecting and maintaining the child, providing for their education and enabling access to health care. The ‘corporate parent’ needs to work with a range of services to review, question and seek confirmation about a CLA’s medical/health and educational provision, safety and wellbeing, to ensure they are fulfilling their responsibilities for children in their care.

Neither VSHs nor LAC DTs are expected to be mental health experts; however, the guidance identifies the important role they have in supporting other staff to identify signs of potential issues and understand where the school can draw on specialist services, such as CAMHS and educational psychologists. The virtual school works with colleagues to deliver a range of training to up skill schools on the social, emotional and mental health needs of CLA and care leavers.

Virtual school training has included developmental trauma training, *‘Understanding and supporting children who have experienced developmental trauma’*, a four session training course delivered by the VS Senior Educational Psychologist (EP) and an EP previously in the Post Adoption Service and attended by over 120 delegates over the last 2 years. The course is aimed at education staff working with vulnerable children who are presenting with social, emotional and mental health needs, in particular those children who are (or have been) in the social care system or those who are adopted. The *training* has been delivered to a range of education staff (head teachers, teachers, SENCOs, teaching assistants, designated teachers and pastoral support workers).

4.4.1 Special Educational Needs and Disabilities (SEND)

The Children and Families Act 2014 and the resultant statutory SEND Code of Practice²⁹ covers children and young people with Special Educational Needs and Disabilities (SEND) from birth – 25 years of age - if remaining in education. The recommendations seek to improve educational outcomes (supporting a successful transition to adulthood) for children and young people who have special educational needs. The SEND code of practice enables joint planning and commissioning of services to ensure close co-operation between education, health and social care.

It is nationally accepted that children having a learning disability diagnosis are over-represented in the LAC population and that health and educational outcomes are interlinked. In Ealing 34.1% of CLA are on SEN support compared to 29.1% in all English Local Authority Schools and 30.7% of CLA have an EHC plan 2% higher than in all English Local Authorities³⁰.

The SEND Code of Practice follows that of the Responsible Commissioner guidance stating that ‘For looked after children moving between local authorities, the old CCG retains responsibility for provision in the new local authority – for example, commissioning the provision from the new CCG as required ...Where a child or young person with an Education Health and Care Plan (EHCP) moves to Northern Ireland, Wales or Scotland, the old authority should send a copy of the child or young person’s EHCP to the new authority or board, although there will be no obligation on the new authority or board to continue to maintain it’.

In practice when a LAC child with an EHCP is placed by the Local Authority outside England, the health needs of the child will continue to be funded by the Responsible CCG. But the new LA is not obliged to continue to maintain the EHCP.

During the year the DD LAC worked with Ealing’s Designated SEND Officer and Ealing Special Needs Assessment Service (ESNAS) to ensure that LAC status was added to Ealing’s EHCP application form, and designed a pathway to ensure that when LAC status was identified ESNA request health information from the LAC health team. The DD LAC also facilitated collaborative working between ESNAS and the CLA Health Service to support timely and standardised mechanisms to information share and identify CLA know to both teams.

²⁹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

³⁰ Ealing JSNA January 2019

5. Profile of Ealing’s Children Looked After

5.1 Numbers of Ealing CLA

Ealing CLA Population – Table 1

	Total Number of Ealing LAC	% Placed within LBE	% Placed outside LBE but within Greater London	% Placed outside Greater London
End of year 2017-18	343	41%	37%	22%
End of year 2018-19 (provisional)	354	38%	38%	24%

The Local Authority figures, in the table above, show an overall increase in the total number of CLA during the financial year. In general, the percentage of CLA placed outside Ealing Borough has continued to remain relatively stable throughout the year, as was the case during the previous year.

Ealing LA remains committed to reducing the numbers of children placed at a significant distance from the Borough. However, it is recognised that in some individual circumstances it is in the best interests of the child to be placed at a distance from the placing authority.

Particularly if a specialist placement is required to meet the needs of a child.

During the year Designated CLA and Safeguarding Professionals have worked with the LA and the provider health services to understand the wider Ealing Out of Borough (OOB) placement picture and to seek assurance that placements have a positive effect on the health outcomes for individual children and young people. The Designated Professionals mapped out and developed controls to reduce potential health inequality for CLA placed Out of Borough (OOB). Examples included:

- Responding to local/soft intelligence
- Collaborative working between CLA and Safeguarding Designated Professionals in Ealing enabling CLA intelligence gained in one forum to inform quality assurance checks and working by the CCG CLA team.
- Developing multi-agency partnership lines of communication and established line management arrangements, to support escalation and challenge
- The Designated team continued to record receipt of placement notifications sent by Ealing and other LAs when:
 - a child becomes looked after
 - changes placement
 - ceases LAC status
 - This placement notification work aims to increase awareness and enable oversight of all LAC placed by or within the borough (Recording placement notifications allows the Designated Team to monitor placement stability and seek assurance from the LA and or providers about the well-being of a child or YP from a health care perspective)
- Recognising that for the Ealing LAC population, placed OOB, Health Assessments can be completed by a range of health professionals; as detailed in national guidance³¹. To ensure there is local overview and standardisation, the Health Action Plan (HAP) for each Ealing LAC is compiled locally, by a consultant paediatrician in LNWUH. This ensures that of the quality of all LAC health assessments is checked and the HAP is of a consistent standard, wherever the child is placed. This, localisation also supports the provider to maintain a HAP tracking system; as the provider checks on the progress of health actions between health assessments.

- For Ealing’s children in custody (who automatically come under the category of LAC) their health assessment³², which is commissioned by NHS England, is reviewed and if needed supplemented using local data by the LAC Health Providers.

5.2 Residential Settings

Of the 354 Ealing CLA (Provisional end of financial year 18/19 figures):

- 264 Children placed in fostering placement
- 96 In-house fostering
- 119 Private/ voluntary/ third section provision
- 49 Relative or friend
- 0 Fostering with other LA Carer
- 58 Children placed in residential placement
- 1 Secure
- 17 Homes/ hostels subject to regulations
- 1 NHS/Trust or other establishment providing medical/ nursing care
- 3 Family centre or Mother and Baby Unit
- 3 Young offender or prison
- 2 Residential School
- 30 Placements in other hostels and supportive residential settings
- 8 Placed for adoption
- 5 Placed with Parents
- 20 Living in semi independence

The majority of Ealing’s CLA live with foster carers/foster families. It is widely accepted that for the majority of children, placement with a foster family is considered a best option giving the child a greater chance of stability and permanence.

Ealing Local Authority no longer has any in-house residential units. In the borough there are a number of residential homes run by private organisations; some homes specialise in housing children known to be at risk Child Sexual Exploitation.

Children aged 16 or above can be placed in semi-independent housing in preparation for leaving care. Semi-independent provision is not regulated by the Care Quality Commission (CQC) or Ofsted. Ealing LA has developed local processes to ensure that the semi-independent provision they use is appropriate to the needs of the young people they place there.

Children may be placed with their parents during a court process or whilst transitioning back to live at home (Placing a child subject to a Care Order with their parent enables the LA to continue to share Parental Responsibility for the child while rehabilitation is tested).

³¹ Promoting the health and wellbeing of looked-after children – DoE and DoH 17 March 2015

³² Comprehensive Health Assessment Tool (CHAT)

³³ Child Health Profiles – Public Health England – March 2016

5.3 Ethnicity of Ealing’s CLA Population

The borough of Ealing is the third most diverse nationally with over 82% of children in state maintained schools coming from BME backgrounds³³.

Table 2

Ethnicity	Ealing CLA population 31.3.19		ulation	
White	109	39%	16213	30%
Asian	54	15%	15473	29%
Black	101	29%	8830	16%
Mixed Backgrounds	80	23%	4473	8%
Other	10	3%	7737	14%
TOTAL	354		52726	

Table 2 shows the ethnicity of Ealing CLA population in March 2018 both in raw numbers and percentage. It contrasts these numbers with the ethnicity groupings of Ealing’s state school population in 2016 collected by the Ealing Spring School Census, used as an estimate to describe Ealing’s ethnicity make up across the borough.

The table shows that the percentage of white children who are looked after is similar to that of Ealing state school population. Asian children are underrepresented in Ealing’s CLA population (this is also the picture nationally³⁴). This may reflect a lower level of engagement between Asian groups and wider communities leading to abuse or neglect remaining undetected. Black and ethnic groups are over-represented amongst Ealing’s CLA population this also reflects the national picture.

Different ethnic groups have different rates and experiences of mental health problems (reflecting their different cultural and socio-economic contexts and access to culturally appropriate treatments). In general, people from black and minority ethnic groups living in the UK are more likely to be diagnosed with mental health problems than the rest of the population. Certain practices such as Female Genital Mutilation are more commonly practiced in populations originating from Sub-Saharan Africa. It is important that CLA Health providers and commissioners are sighted on the ethnic background of their CLA population to ensure health problems are picked up and met in and out of borough (where health screening and services may not be so familiar with detecting and treating conditions more commonly found in children from wider black and ethnic minority groups).

³⁴ <https://www.nice.org.uk/guidance/ph28/chapter/2-Context>

5.4 Age/Gender breakdown for CLA March 2019

Table 3

Age Range	Female/ Male
Under 1 year	12
1-4	26
5-9	42
10-15	152
16-17	122
Total	354

CLA Gender	Number
Male	194
Female	160

There are more young people over 10 years than younger children in Ealing's CLA population. The largest group is the 10 and 15 year age range. It is recognised that it is harder to achieve high immunisation, dental and health assessment rates in older children who may choose to disengage or withhold their consent to engage with health assessments at this age.

There are more male CLA than female. Local intelligence suggests that boys may be more likely to be involved with gangs which can result in care proceedings. Unaccompanied Asylum Seeking Children (UASC) tend to be male and fall within the older age range.

5.5 Legal Status for children becoming Looked After in Ealing

Table 4

CLA Legal Status	Provisional 2018/19	2017/18
Interim care order	47	43
Full care order	165	180
Total Care Orders	212	223
Placement order	18	11
Single period accommodation under section 20	115	107
Police protection & in LA accommodation	2	0
Emergency Protection Order	4	0
On remand/committed for trial/sentence & accommodated by LA	3	2
TOTAL	354	343

It is important that Health Provider services are aware of the details of CLA legal status as it impacts on who holds parental responsibility for a CLA. Ealing CCG Safeguarding team highlight the importance of recording this on a child or young person's electronic health record during Level 3 Safeguarding Children training to Ealing's Primary Care Professionals.

As with previous years, the most common cause of becoming Looked After in Ealing was through abuse or neglect in 2018-19. This is also true across England and Wales³⁵. Children who have experienced abuse and neglect are more likely than their peers to suffer from mental health disorders. It is important that health commissioners are aware of this and that CLA have timely and appropriate access to CAMHS, when clinically required.

³⁵ Source: NPSCC. Children in care. Statistics. Accessed 25 March 2015).

Table 5

CLA Numbers 2018/19	Provisional 2018/19	2017/18	% (+/-) from 2017/18
Total Number of CLA	354	343	+3.2%
UASC	55	51	+3.2%
Total CLA excl. UASC	299	292	+2.4%

During the year there was a small increase in the overall number of children looked after by Ealing LA. The number of UASC continued to increase (+3.2%) however this increase was much smaller than the one seen during 2017-18 (+18%). Historically, in Ealing UASC make up over 80% of the coming into care category 'absent parenting'.

Data was provided by the Local Authority to give a better-rounded picture of the Ealing CLA population. Work is currently underway to study and monitor trends detected by the LA, in order to gain more insight into the reasons for specific trends: For the CCG the focus will be health needs and resulting issues.

5.6 Youth Justice Service, CLA and Health

The Integrated Youth Service (IYS) was formed in April 2017, bringing the Youth, Connexions, Play and Youth Justice Service (YJS) into one service, in order to better join up the services offered to young people in the borough. IYS's offers help and support to children and young people, including in borough placed CLA, in order to better prepare and support them for independent living.

During last financial year the YJS recruited a dedicated T2 CAMHS worker, to work alongside staff and facilitate appropriate, timely CAMHS referrals. The CAMHS professional works closely with the liaison and diversion staff to support work to improve the health and justice outcomes for children who come into contact with the youth and criminal justice systems where a range of complex needs are identified as factors in their offending behaviour.

During the year the process for supporting CLA and Young People who are arrested in borough was streamlined to improve timely support and guidance available to them and reduce offending and reoffending rates.

The IYS also employed a Psychologist (WLMHT) to provide emotional support and counselling for young people who have been repeat victims of crime.

LA figures show that during this financial year 5 CLA known to Ealing LA were convicted in a British court (Table 6). The number of CLA living in Ealing who were remanded into custody during the financial year was 18 (compared to 6 children the previous year).

Table 6

Convictions	Provisional 2018/19	2017/18	% (+/-) from 2017/18
No of children convicted	5	8	-38%
No. CLA for 1+ Year aged 10+ yrs.	197	198	-0.5%
%	3%	4%	-1%

6. Health of Ealing's Children Looked After

6.1 Outcome Indicators

The Local Authority submits Outcome Indicators (OC2 figures) for CLA to the Department of Education (DoE) on an annual basis. These are non-specific data measures. In March 2018 out of a total CLA population of 354 CLA Ealing LA submitted information on 235 children (66%). At the time of writing this report, the OC2 health data is provisional, awaiting formal publication by the DoE. The reason given by the LA for not submitting data on all their CLA population was the technical inclusion criteria that children need to be LAC for 12 months or over.

Table 7: Show 'health related' OC2 figures for Ealing 2018-19 2017-18 data included in table for comparison

	Recorded 2018-19	% 2018-19	Recorded 2017-18	% 2017-18
Immunisations up to date for age	206	88%	221	93%
Teeth checked by dentist	173	74%	221	93%
Health Assessment. Annual for >5 and 6m for <5 years	221	94%	235	99%
SDQ Score performed	168		149	
Identified as having a substance misuse problem	28	12%	18	8%
Received an intervention for substance misuse problem (relevant population)	15	54%	6	33%
Declined an intervention for substance misuse (relevant population)	11 (2 individuals did not receive an offer)		9 (3 individuals did not receive an offer)	

The 2018 -19 figures show a small fall in immunisation levels (-5%) and statutory health assessments (-5%) and a larger fall in the number of CLA having dental checks (-19%).

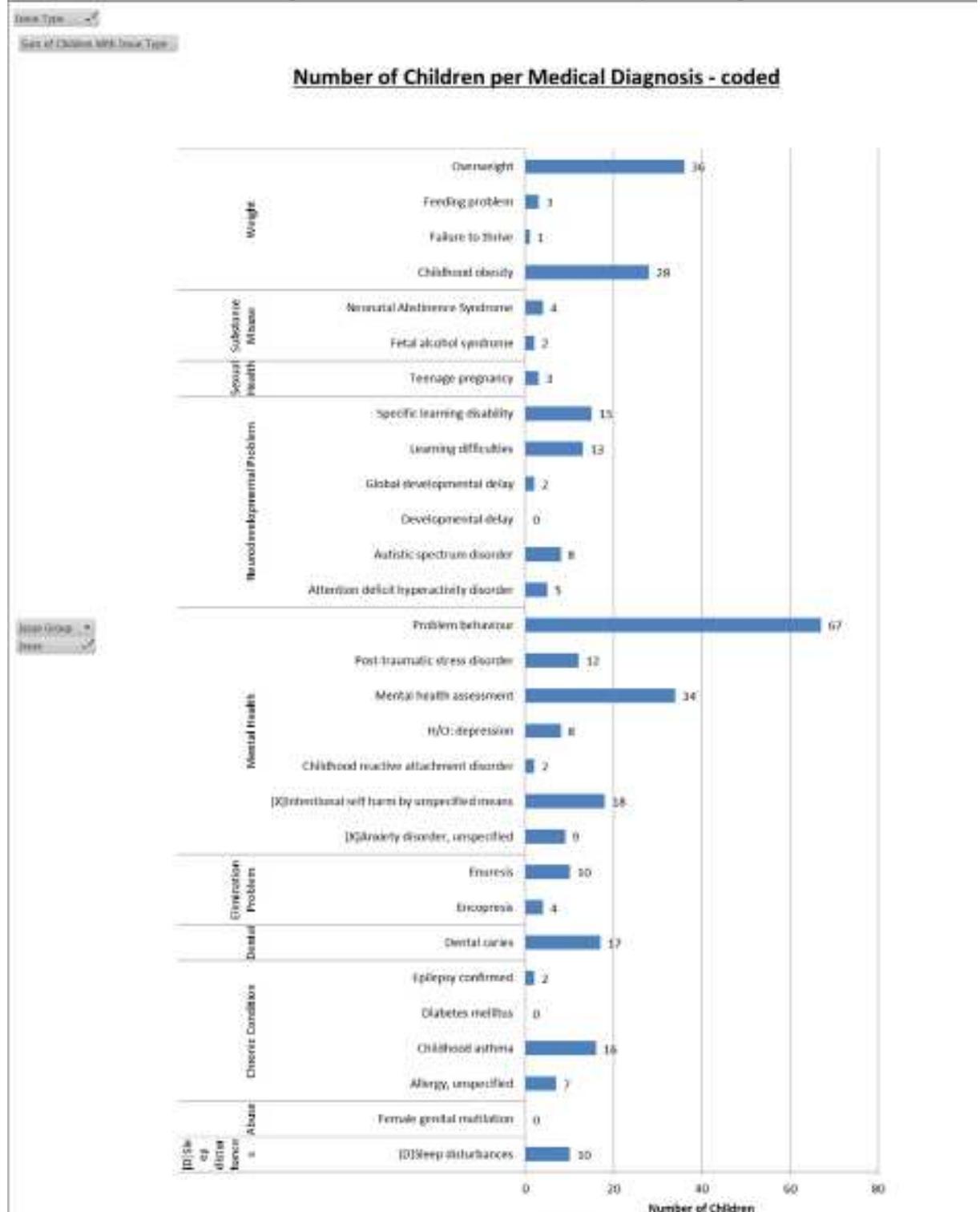
There was a continued reduction in the percentage of children who had completed SDQ score (which measure emotional and behavioural health) a continuing trend since 2015.

The number of children identified as having a substance misuse problem increased (+4%). There was a substantial increase in the percentage of children who received an intervention for substance misuse (+21%).

The Designated Professionals attend a monthly multiagency health panel meeting at which outcome indicator data is presented. The Designated professionals use the multiagency forum to hold partner agencies to account regarding falls in outcome data. Professionals work together to find ways to improve the health outcomes, both on an individual child and system level.

6.2 Collaborative Read Code / Template development work

Graph 1: Summarising the number of children per diagnosis coded



Building on work started in 2017 Ealing CLA health team have continued to develop and embed the practice of electronic coding of medical diagnosis. Coding increases the visibility of key health information within a child’s record; improving communication across health services and results in data which is reportable. During this financial year the CLA health team developed a set of CLA related

clinical templates to support the coding of health data and enable better reporting of data.

The most commonly recorded diagnoses were:

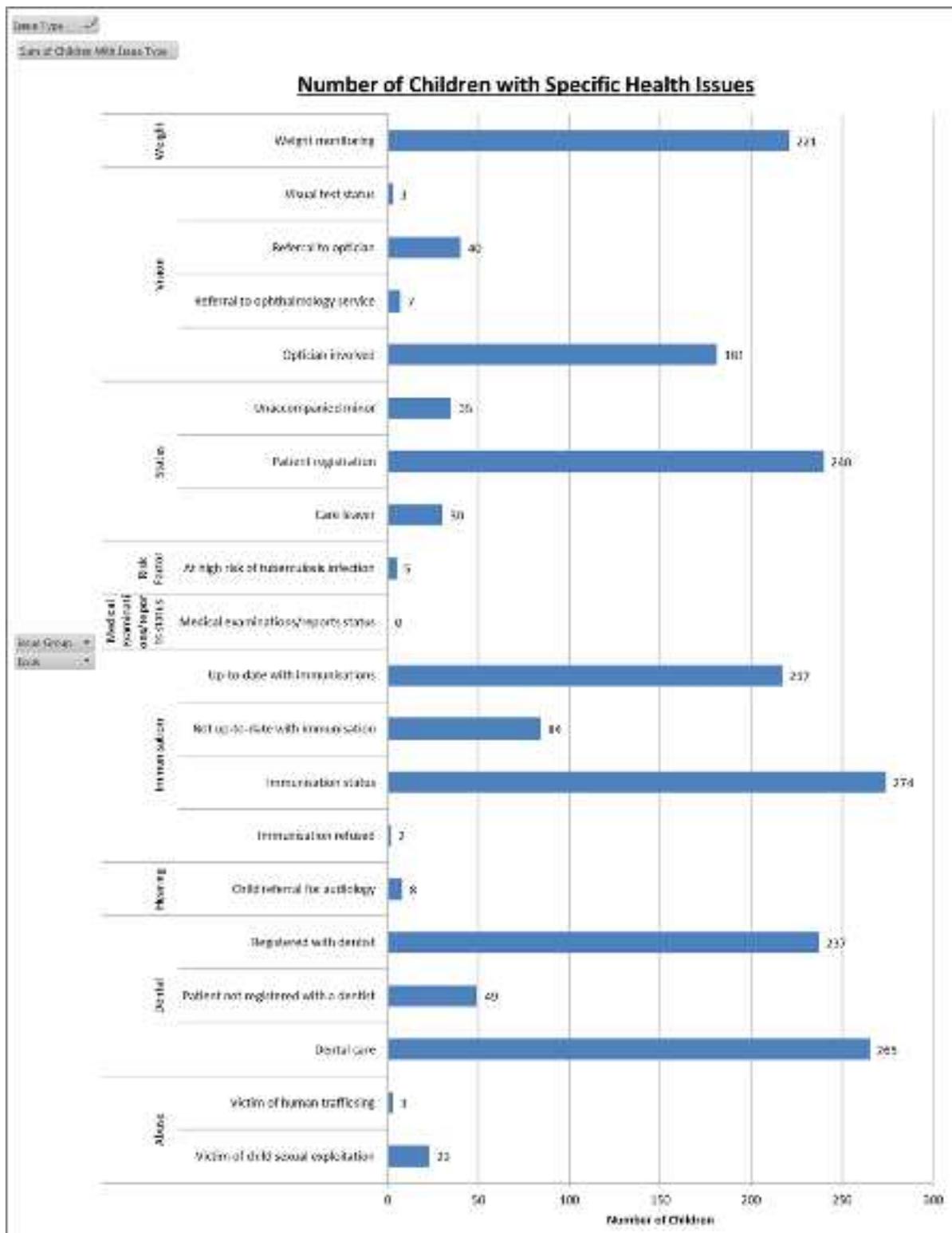
- Problem behaviour
- overweight
- obesity
- learning difficulties

In total over the year 430 children had Read coded diagnosis recorded by LNWUHT LAC.

67 of the children or 16% of LAC reviewed this year had a recorded diagnosis of 'problem behaviour'.

If obesity and overweight are grouped as one problem, being overweight or obese are the most common diagnoses made. 15% of children were recorded as being overweight or obese.

Graph 2: Summarising the number of children per recorded with specific health issues



6.3 Child Health Information Service development work

During the reporting period the designated doctor continued to work with safeguarding leads in NHSE to gain a better understanding of the ramifications to CLA services following the re-commissioning and re-design of Child Health Information Service (CHIS) across London.

The Ealing CLA Health team share the identity of children on their case load with the organisation which supports the CHIS function on a regular basis.

7. Additional Areas of Vulnerability

7.1 Transition

CLA and YP are recognised to experience multiple points of transition whilst being in care. The Statutory Health Assessment process aims to reduce health inequality throughout a CLA transition into, out of and between placements.

7.1.1 Statutory Placement Notification

The notification process set up 3 years ago in Ealing logs the placement notifications that Ealing CCG Designated team receive (from the responsible LA) when a child becomes Looked after, leaves the care system and experiences a placement move³⁶. The notification pathway between the CCG and the LNWHUHT CLA Provider service involves the coding and flagging of CLA status on a child's electronic health record. The notification pathway also involves alerting the HV, SN (or registered GP if a child does not attend school) of CLA placed in the borough of Ealing by another LA. It is recognised that the notification pathway may be the only route a health professional caring for a non-Ealing LAC placed in borough becomes aware that a child has CLA status.

7.1.2 Placed LAC Transition

The 2018 CQC CLAS Review found that 'the LNWHUHT Looked After Children team engage well with care leavers and seek to ensure their health needs are met as they move into adulthood. When leaving care, young people receive a comprehensive summary of their health history which was developed in association and in consultation with the care leaver's Councils'³⁷.

The finding of the report also acknowledged the Out Of Borough Looked After Children Transition Review dated July 2017 which recognises the 'CCGs statutory responsibility to support Ealing Local Authority to ensure that Ealing's Looked After Children's health needs are met irrespective of where the child or young person is placed, including those placed out of Ealing. The review aimed to identify all Looked After Children who were in their last years of being in care and placed 'out of borough' to establish if their health needs were being met. It

³⁶ Promoting the Health and Wellbeing of LAC 2015

³⁷ Review of Health services for Children Looked After and Safeguarding in Ealing 2018 CQC

also sought to identify those children and young people Looked After who had been assessed as requiring SEND provision to assess if their health needs were being met and that appropriate transition planning had or was taking place. The report identified that there was strong evidence to show that, for example, just under a quarter of 17 year olds placed out of borough required SEND provision and further that just under half of all 17 year olds placed out of borough lived with a mental health, behavioural or developmental disorder.

As a result of the findings contained within the report, the Designated Doctor for Looked After Children identified a need to work with the Looked After Children's team to ensure appropriate transition referrals were made where they had not been, that young people placed out of the Ealing area do not wait longer for a CAMHS assessment than those placed in the Ealing area and that those young people requiring SEND provision would be reviewed with greater scrutiny to ensure appropriate transition planning was in place.³⁸

7.1.3 Care Leavers

The Children and Social Act 2017 actively promotes the need for additional support for those young people who are leaving care and starting to access adult health services. Statutory guidance supports the view that 'Local Authorities, CCGs, NHS England (NHSE) and Public Health England (PHE) should consider the needs of care leavers when cooperating to commission services for the looked after children's population.'

CARING FOR BETTER HEALTH: An investigation into the health needs of care leavers, Care Leavers Association and the Department of Health³⁹, consulted with care leavers to determine what they felt their health needs were and how they thought Clinical Commissioning Groups (CCGs) could contribute to improving their health outcomes.

In response to this report Ealing's Designated team produced a scoping paper through collaborative work with the CLA Health Provider service. During the year the Designated Doctor worked collaboratively with provider services to ensure the profile of Ealing's Care Leavers was raised within services and ensure their health needs were met. The projects included work with Ealing's substance misuse services, Wellbeing Service, Adult Psychiatry service (WLMT). In response to the report Ealing's CLA Health Provider set up drop in services for Care Leavers and worked collaboratively with the LAC Psychology team to improve assessment rates and monitoring of emotional wellbeing.

7.2 Child Sexual Exploitation (CSE)

It is widely recognised that on a national level CLA fall into one of the groups known to be vulnerable to CSE. In Ealing, the Designated Nurse for Safeguarding attends the Multi Agency Sexual Exploitation (MASE) panel and shares learning with the CLA Designates.

The Coram BAAF form prompts health practitioners to explore and discuss sexual relationships with the child or young person attending for health assessment. During the year, the CLA Provider staff identified 23 children as being/ having been a victim of CSE (out of a cohort of 430).

In response to the 2018 CQC Review: that LNWUH LAC nurses were 'not using a local or national CSE tool to support exploration of CSE where it is indicated as a

possible risk'. The Designated Doctor worked with the Lead CLA Nurse in the provider service to raise awareness of the locally developed CSE tool and encourage its use.

³⁸ Review of Health services for Children Looked After and Safeguarding in Ealing 2018 CQC

³⁹ <https://careleaverpp.org/wp-content/uploads/2018/04/Caring-for-better-health.pdf>

7.3 Female Genital Mutilation (FGM)

As of 31 October 2015, a mandatory reporting duty for FGM requiring regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under 18-year-olds to the police came into force⁴⁰. The new Coram BAAF forms prompt health practitioners who are completing both review and initial health assessments to explore aspects of FGM with the child or young person. Ealing CLA Health team have received training around the government's guidance for mandatory FGM reporting, and as with all professionals and are expected to report concerns both in accordance with the mandatory reporting duty and related Child Protection concerns, in accordance with London Child Protection Procedures. During the year the CLA Health team did not record any CLA as being a victim of FGM.

Ealing CCG has continued to work with provider services to seek assurance that they are submitting FGM figures to NHS Digital as part of the Enhanced Data Set Collection.

7.4 Radicalisation

The Royal College of Paediatric and Child Health (RCPCH - 2015) recommends that Paediatricians completing health assessments for UASC should explore how political circumstances may have affected the child or young person, as well as their families. As individual circumstances, including their country of origin, journey and experiences may impact on the young person's physical and emotional wellbeing. Coram BAAF echoes this recommendation.

It is not known how many CLA children have been identified as being at risk of radicalisation, however as an organisation LNWH, as part of mandatory training require CLA health professionals to undertake Workshop to Raise Awareness of Prevent (WRAP) training as part of the Prevent awareness across the workforce.

During the year the DD took part in a Home Office led Prevent Peer Review. The report from this review will be reported in the Ealing CCG 2019-20 CLA annual report.

7.5 Unaccompanied Asylum-Seeking Child/ Minor (UASCM)

An Unaccompanied Asylum-Seeking Child is a person under 18, or who, in the absence of documentary evidence establishing age, appears to be under that age, is applying for asylum on his or her own right and has no relative or guardian in the United Kingdom⁴¹

UASC are classed as coming into care under the category 'absent parents' although NICE Guidance⁴² accepts this 'barely addresses the abuse and neglect they may have experienced in their own country and on their journey although this is unlikely to result from experiences in their own families'.

⁴⁰ Mandatory reporting of female genital mutilation procedural - Gov.uk
<https://www.gov.uk/.../mandatory-reporting-of-female-genital-mutilation-procedural-information> ⁴¹ Home Office National Statistics March 2016

⁴² <https://www.nice.org.uk/guidance/ph28/resources/looked-after-children-ep23-unaccompanied-asylum-seeking-children-john-simmonds-and-florence-merredew2>

The DN LAC attends the London Designated Nurse Looked After Children London Forum. This group is reviewing the impact of UASC on CLA services across London, any learning from this forum, will help inform local health commissioning.

8. Performance and Quality assurance

8.1 KPI Work

There is broad uniformity in the CLA KPIs and reporting mechanisms across NW London.

The contract monitoring arrangements of the CLA Health Team service includes LNWH submitting monthly CLA - KPI data and exception reports to the Performance, Reporting and Monitoring Team in NW London Central Contracts, who review that information; with performance data and exceptions being shared with Ealing CCG (Commissioners). The information is then reviewed from a quality perspective, initially at the LNWH Operations Meeting with further review, as necessary at the LNWH Joint Clinical Quality Group (CQG) with performance issues being escalated, as appropriate to the Performance Commissioning Executive (PCE). CLA and Safeguarding Designated Professionals support the organisational monitoring arrangements at the LNWH Operations meeting and CQGs.

Table 9 shows LNWH/ECS reporting against CLA Health Performance Indicators for the 2018 -19 year. High KPI targets have been set for both Initial Health Assessments (IHA) and Review Health Assessments (RHA) – reflecting the relatively small numbers of CLA in relation to Ealing’s total child population and the increased vulnerabilities in this population.

The performance data has been split to show the performance of the ‘whole system’ (LNWH/ECS) and the performance of the CLA Health Provider (LNWH). The table shows that throughout the year, despite the ability of the Health Team to complete all IHA assessments within timescale (end of quarter measures, excluding late notifications) the whole system measure for IHAs fell short of target consistently throughout the year.

Service exception reporting by the provider enables commissioners to understand the reasons for Health Assessments not being completed within timescales. Notification delays from the Local Authority were commonly noted in IHA exception reports and ‘non- engagement’ by young people was a common exception noted for RHAs.

Table 9 shows that there was a significant slip in the percentage of IHAs completed within timescale (end of each quarter) in the KPI measurement which reviews the system as a whole. There was a significant drop to the end of Q3 and then a rise in performance. The health service measure was maintained at 100% (meeting the KPI) throughout the year (quarterly basis). Therefore the main reason why the whole

system measurement was not reaching its KPI target was delays relating to the LA process.

Throughout the reporting year, the CLA DP worked with Local Authority and health partners to understand the reasons behind services not meeting the KPI target. This work included a deep dive audit to identify where in the LA notification process delays were occurring and working together with LA colleagues escalate this information with the LA. A series of educational events were conducted which (as this report is written in retrospect the author can report) have been shown to be effective.

Table 8 also shows that mid-year there was a slip in the ability of the ‘whole system’ to meet the target KPIs for RHA. The DPs again worked with both LA and health partners to understand the reasons why this occurred, namely a fall in staffing levels within the LA administration team. Cross agency administration support provided by LNWUHT helped provide additional administration during this period, and the overall RHA KPI levels rose by the end of Q4. The DPs have asked to be kept informed of any significant changes in staffing levels/ posts within the LA administration team. The LA have also given assurance that there has been an general up skilling within a larger pool of LA administrators, so that unexpected falls in staffing levels can be better buffered.

It is important to recognise that because the actual number of children flowing through the assessment system is relatively small; failing to meet an assessment timeframe for 1-2 children per month can cause large swings in the KPI percentage.

Table 8: Ealing CLA KPI

	T	End of	End of	End of	End of
Number of IHAs completed within	9	77%	50%	31%	75%
Number of IHAs completed within timescale excluding late notifications		100%	100%	100%	100%
Number of RHAs completed within	9	100%	95%	88%	100%
Number of RHAs completed within timescale		100%	100%	100%	100%

Readers are reminded that although statutory health assessments play a key role in identifying previously unmet health needs in this vulnerable group of children, delays in statutory assessments do not prevent a child obtaining health advice and treatment from universal health services. During 2017-18 the DD worked with wider health partners and the LA to produce a Health Handbook for Foster carers – detailed in the previous year’s annual report.

Next year, the DPs will work to establish the length of time children whose assessment was not been completed (to time frame) had to wait for a completed assessment

LNWHT also produces a CLA Annual Report, outlining the work of the provider over this period.

8.2 Monitoring of data

The DD CLA attends the CLA Health Panels where data is received from the CLA health provider and the local authority- the aim of this forum is to identify any risks, failings but also to acknowledge what is working well and to explore ways in which health provision to the CLA population can be improved from a multi-agency perspective.

During the year the DD regularly reviewed and triangulated data received directly from provider service to the CCG and data from the LA, as a cross agency whole system assurance measure. During the reporting year, the DD continued to support the provider service to develop a robust mechanism for capturing a narrative that enriches exception reporting figures, in relation to the CLA health provider Key Performance Indicators (KPIs). To enable all parties to better understand and work collaboratively to address the issues which impact on the completion of health assessments within statutory timescales.

8.3 Quality Assurance Measures

In addition to work already documented in the report several further exercises were conducted as quality assurance measures.

8.3.2 Quality of Health Assessments

The 2018 CQC Review found that ‘some records seen within the Looked After Children service demonstrated that, where issues were identified, they were not always explored further to measure any impact or if additional support might be required. In one record examined we saw how the young person was noted as being underweight and that this was a worry to their carer. However, there could have been greater exploration of their physical activity and possible impact on their physical activity against food intake in preparation for the referral offered to be assessed by a dietician’.

The NW London Designated CLA Professionals group worked together to develop a tool for assessing the quality of statutory Health Assessments in 2018. The final tool was devised using guidance set out in Promoting the Health and Wellbeing of Looked After Children (2015), the NHS England quality standards reporting tool for CLA health assessments (evidence based and linked to best practice), the Coram BAAF (2016) form and previously used quality tools.

The DD worked with Ealing's CLA health provider team to audit the quality of a sample of initial and review health assessments. Overall, the health assessments in this dip sample were found to be of good quality. The small size of the dip sample meant that it was not possible to comment with statistical certainty. The DD worked with the provider service to ensure that any recommendations were embedded into future working.

8.3.4 Non Ealing CLA Placed in Ealing

The CLA population who live within the borough of Ealing are a mix between those who originate from Ealing and are under the care of Ealing LA and those who are under the care of other LAs, but placed in Ealing. All CLA living in Ealing have the right to use universal health services including those commissioned by Ealing CCG.

A placing LA retains the statutory responsibility to ensure that their CLA, whether placed in or out of (OOB) borough have their health needs met and that they are not disadvantaged by the placement. The placing CCG remains responsible for commissioning health services (other than Primary Care Services/ Accident and Emergency health provision) needed to meet the child's health needs.

Under the Children Act 1989, CCGs and NHS England have a duty to comply with requests from a Local Authority to help them provide support and services to Children Looked After.

Responsible Commissioner Guidance states that 'every local authority should have agreed local mechanisms with CCGs to ensure that they comply with NHS England's guidance on establishing the responsible commissioner in relation to secondary health care when making placement decisions for looked-after children and to resolve any funding issues that arise'.

To date Ealing CCG has not requested payment from another CCG for a child placed in borough from another LA accessing services above those provided by Primary Care and Accident and Emergency. However, Ealing CCG does receive requests from other CCG's for payment for medical services for the children Ealing LA place in their borough.

These tend to be one of two types:

- Quarterly Payment

Ealing CCG is currently paying quarterly payments for children placed in many parts of Wales. East Riding of Yorkshire also charging quarterly payments.

- Payments per service

This is commonly paid for CAMHs services. But Ealing CCG has also received requests for payment for children accessing GUM services.

During the year the DD LAC compiled a paper covering the complexity of charging non Ealing CLA placed in Ealing and shared this with Ealing CCG's Contracts team.

Next year the DPs will work to establish a fuller picture of OOH health payments and will prioritise work with Ealing's CAMHs Service Leads to build up a more comprehensive understanding of how many CLA placed within the borough access CAMHs services.

9. Designated CLA Professionals Priorities 2019-20

The priorities for the Designated CLA Professionals during 2019-20 are set out in Appendix 2.

10. Conclusion

Ealing CCG can be assured that its statutory arrangements and functions for Children Looked After are being met.

The report highlights developments, achievements and progress during the year (see Appendix 1) drawing on local data and benchmarking against the national picture for CLA.

It highlights where improvements can be made to better ensure that there are effective systems in place to monitor and report on the welfare and outcomes of the CLA population, placed both within and outside the Borough. This report will be shared with the Local Authority and The Ealing Safeguarding Children Board, as part of our wider partnership working and multi-agency quality assurance arrangements for CLA.

Appendix 1

Designated CLA Professionals Priorities 2018-19

Statement	Action	Due to be completed	Completed
Recruitment of Designated Nurse CLA Ealing CCG	On-going recruitment process	December 2018	March 2019
Improving Health offer and support to Ealing's Care Leavers	Completion of action log <ul style="list-style-type: none"> • Adult mental health support • Drug and Alcohol support • Gym offer from LA 	November 2018	November 2018
Ealing CLA Wellbeing Educational event	Collaborative event for Ealing's CLA HP, SW and FC to improve Ealing's CLA general wellbeing	March 2019	January 2019
Increase use of vulnerability screening tool with Health Professionals working with Ealing's CLA	Awareness raising	March 2019	October 2018
Increased collaborative work between SENAS and CLA Provider service for children with SEN	Work alongside Ealing CCG Designated Officer for SEND and Ealing's SENAS and CLA provider teams to increase CLA flagging at referral and ensure EHAPs and CLA HA inform each other	March 2019	December 2018
Working Together July 2018	Review of document in relation for Ealing's CLA	November 2018	December 2018
Quality Audit Tool	Produce an NW London agreed quality tool for assessment of Statutory HAs	March 2019	August 2018
UASCs impact on LAC health service	Work to be completed via a London wide forum to study this in greater detail and determine ways in which this can be communicated in a meaningful way to CLA professionals who work with the UASC population	March 2019 - DN CLA Ealing to input once recruited into post.	On-going
Further statistical review of the 2017-18 Read coded data set	Obesity/ overweight in age groupings	March 2019	October 2018

Appendix 2

Designated CLA Professionals Priorities 2019-20

Statement	Actions	Due to be completed	Completed
UASCs impact on LAC health service	Work to be completed via a London wide forum to study this in greater detail and determine ways in which this can be communicated in a meaningful way to CLA professionals who work with the UASC population	March 2020	
Ensure LAC notification pathway within health teams is compliant with statutory guidance	Review the use of the notification pathway for the under 5 Ealing Looked After Children.	September 2019	
To review whether the health needs of highly vulnerable Looked After Children have had their health needs identified and whether the health needs have been met.	Identify Looked After Children who are known to the Youth Offending Service and to identify Looked After Children who have been excluded from school. For each of the children identified, to review their record in mosaic to find out if a health assessment has been carried out, if health needs were identified and whether the health needs have been met.	March 2020	
Work with commissioners and contract leads to ensure the services Ealing CCG commission are meeting the health needs of Ealing's LAC	Working with providers to be able to identify CLA within their caseload.	December 2019	
To review whether the recommendations from the 2018 CLAS review have been implemented	Gain assurance from CLA Health team that recommendation s have been completed.	May 2019	
To review the recommendations from the 2019 SEND inspection which pertain to Children Looked After	Gain assurance from provider services commissioned by Ealing CCG that recommendations have been completed.	October 2019	
Liberty Protection Safeguards and CLA	Explore ramifications for CCG and Ealing's LAC regarding the Liberty Protection Safeguards, which replace DOLs (deprivation of liberty) - May 2019.	January 2020	
Statutory Health Assessments Review of breaches	Establish how far (by how many days) the assessments are falling short of statutory time frames.	March 2020	

Financial impact on the budget (mandatory)

There is no direct impact on the budget in relation to this report.

4. Financial

N/A

b) Financial background (optional)

N/A

5. Legal

The report outlines the existing statutory duties and work undertaken in relation to the health of looked after children.

6. Value For Money

The report focuses on the existing services for looked after children as at 2018/19.

7. Sustainability Impact Appraisal

This is a report on the Council's duties to improve the health of Children looked after and Care Leavers.

8. Risk Management

Identify any potential risks associated with the options and the proposed course of action; if none, say so. Please keep to one paragraph.

None.

9. Community Safety

If none, say so. Please keep to one paragraph.

The health and emotional health of looked after children and care leavers benefits the community safety by early identification of Mental Health needs and communicable diseases by the promotion of immunisations.

10. Links to the 3 Key Priorities for the Borough

If none, say so. Please keep to one paragraph.

The council's administration has three key priorities for Ealing. They are:

- Good, genuinely affordable homes – By reviewing and ensuring the physical and emotional health of looked after children and care leavers

we ensure that they are able to access the necessary universal services that enable them as adults to take up affordable housing opportunities within the borough and this also enables looked after children to be placed in local fostering provision.

- Opportunities and living incomes – By ensuring the physical and emotional health of looked after children and care leavers it affords them the opportunity to take up opportunities for employment and education.
- A healthy and great place – The report focuses on the health of the young people in the Councils care.

11. Equalities, Human Rights and Community Cohesion

The health of looked after children and care leavers considers the diverse needs of all children in the cohort including those from BME backgrounds, unaccompanied minors and asylum seekers and those who have disabilities or needs relating to being LGBTQI.

12. Staffing/Workforce and Accommodation implications:

None

13. Property and Assets

There are no property implications.

14. Any other implications:

A further report for 18/19 will be available to the committee in the December 2019 panel and a CAMHs tier 2 Psychology report will be available in early 2020.

15. Consultation

The consultation for this report is listed within the Health report but include the LAC Health Team and have also included Cllr Yvonne Johnson Portfolio Holder for Looked After Children and Carolyn Fair – Director of Children’s Services.

16. Timetable for Implementation

Timetables are attached to reports.

17. Appendices

If appendices are essential to the understanding of the report, list titles here. Please ensure that appendices have proper titles.

18. Background Information

(This is a statutory requirement – please include the public documents referred to in writing the report, officer research and advice documents which Members or Members of the Public may request from the report author)

Consultation

Name of consultee	Post held	Date sent to consultee	Date response received	Comments appear in paragraph:
Internal				
Cllr Yvonne Johnson	Portfolio Holder for Childrens	4/10/19		
Carolyn Fair	Director, Children's Services	4/10/19		
External				
	Ealing LAC Health Team			

Report History

Decision type:	Urgency item?
EITHER: Key decision OR Non-key decision OR For information (delete as applicable)	For information and comment
Report no.:	Report author and contact for queries: Dr Tamsin Robinson and Carol Yates 0208 825 6157